

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	MD		
O.I.P.E. CLASSIFIER		15	3/4/01
FORMALITY REVIEW	HL	1079	3/12/01
RESPONSE FORMALITY REVIEW	DX	825	3/12/01

INDEX OF CLAIMS

Rejected Allowed (Through numeral)... Cancelled Restricted	N I A O	Non-elected Interference Appeal Objected
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Case No.	Date		
First	Original	Revised	Final
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
stap! additional sheet here

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